PSJ3 Exhibit 123



PER # 02043

Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 4156

Hotel:

Expenses:

Meals:

Title: Director, Clinical Development and Education

Therapeutic Category: Pain Management

cc: Legal

<u>Institution/Organizat</u>	ion	Program:			
	Name:	American Academy of Pain Medicine Attn: Kathryn Checea	Scientific/Educational Activity:		
	Address:	4700 W. Lake Avenue Glenview, IL 60025-1485	2003 Corporate Membership Dues		
	Tax ID:	36-3874208			
	Coordinator:				
	Name:	Kathryn Checea			
	Title:	Director	Type: Unrestricted educational grant		
	Phone:	847-375-4731			
	Fax:	847-375-6331			
	Check payable to:	American Academy of Pain Medicine	Audience Size: N/A		
	Notes:	No CE agreement needed – annual corporate membership dues only.l Please send via 2 nd day air. Please note correct charge code.	Composition: Pain Specialists		

Estimated:							
Estimated:							
Actual:							
Explanation:							
•							
Payments:	Estimated:	Actual:		Pay Date:	Invoi	Invoice #:	
Grant:	\$5,000.00	\$5,000.00					
	Total Payments:	\$5,000.00					
Funding Sources: Charge Code: 666400 -20075			Total Funding: \$5,000.00				
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Linda A. Kitlinski		Bradley S. Galer, MD					
Legal Department							
Legar Department							

Ground:

Air:

Other:

Total:

9802-27

CONFIDENTIAL EPI000664622